

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Care Administration

FAMILY CHILD CARE PROVIDER STATEMENT OF SERVICES

NAME (Last, First, M.I.)

DATE

BUSINESS INFORMATION

DAYS AND HOURS OF OPERATION (Check all that apply)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Opening Time: _____ Closing Time: _____

Comments: _____

Drop In Service: ☐ Yes ☐ No (Please check Daily Rates and Fees)

AGE GROUPS ACCEPTED

☐ Birth to 12 months ☐ 1 year to 2 years ☐ 3 years to 5 years ☐ 6 years to 12 years ☐ Other

DAILY RATES AND OTHER FEES

Birth to 12 months: Full Day Charge: _____ Part Day Charge: _____

1 year to 2 years: Full Day Charge: _____ Part Day Charge: _____

3 years to 5 years: Full Day Charge: _____ Part Day Charge: _____

6 years to 12 years: Full Day Charge: _____ Part Day Charge: _____

My **FULL DAY** charge is considered a(n) _____ hour day. My **PART DAY** charge is considered a(n) _____ hour day.

Other charges: _____

Absence policy and charges (if applicable): _____

Transportation Provided: ☐ Yes ☐ No Schools in Area: _____Meals Provided: ☐ Yes ☐ No Food Program Sponsor Name: _____

DATES CHILD CARE HOME IS CLOSED DURING THE YEAR

☐ Thanksgiving ☐ Christmas ☐ New Year's Day ☐ Other _____

Comments: _____

DAILY ACTIVITIES/PLANNED SCHEDULE FOR THE CHILDREN

MATERIALS AND EQUIPMENT FOR CHILDREN

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EDUCATION AND SPECIAL SKILLS

HIGHEST GRADE LEVEL COMPLETED

☐ Grade school (Grade completed)☐ High school (Grade completed)☐ College (Years completed/Degree obtained)☐ CDA☐ NAFCC

MY EXPERIENCES IN PROVIDING CHILD CARE

MY SPECIAL SKILLS, KNOWLEDGE OR TRAINING THAT I FEEL ENHANCES MY ABILITY TO CARE FOR CHILDREN, INCLUDING CHILDREN WITH SPECIAL NEEDS

BEHAVIOR/DISCIPLINE METHODS USED

MY HOBBIES AND SPECIAL INTERESTS

DESCRIPTION OF INDOOR AND OUTDOOR AREAS WHERE CHILD CARE WILL BE CONDUCTED (Fenced backyard, trees, clean, etc.)

I will make reasonable accommodations for children with special needs.

PROVIDER'S SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

If parent/guardian signs above, a copy must be provided to them.

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, call 602-542-4248; TTY/TDD Services: 7-1-1.